

Broker

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-375)						SERIAL NO. 10/070660		FILING DATE				
CLAIMS						APPLICANT(S)						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	/		/				51					
2		/		/			52					
3		/		/			53					
4		/		/			54					
5		/		/			55					
6		/		/			56					
7		/		/			57					
8		/		/			58					
9		/		/			59					
10		/		/			60					
11		/		/			61					
12		/		/			62					
13		/		/			63					
14		/		/			64					
15		/		/			65					
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17		/		/			67					
18		/		/			68					
19		/		/			69					
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22		/		/			72					
23		/		/			73					
24		/		/			74					
25		/		/			75					
26	/						76					
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28		/					78					
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39		/					89					
40		/					90					
41		/					91					
42		/					92					
43		/					93					
44	/						94					
45	/						95					
46		/					96					
47		/					97					
48		/					98					
49		/					99					
50		/					100					
TOTAL IND.	7		5				TOTAL IND.					
TOTAL DEP.	39		12				TOTAL DEP.					
TOTAL CLAIMS	46		17				TOTAL CLAIMS					

Best Available Copy